

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

U T - 0 1 - 005

2. STATE:

UTAH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

\$@ CFR 435.1007

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-
b. FFY 2002 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 12a to ATTACHMENT 2.6-A, page 2, 1a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

~~Same~~
Supplement 12a to Attachment 2.6-A, page 2

10. SUBJECT OF AMENDMENT:

Eligibility for Transitional Medicaid

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: "

Rod L. Betit

13. TYPED NAME: Rod L. Betit

14. TITLE: Executive Director
Department of Health

15. DATE SUBMITTED: February 20, 2001

16. RETURN TO:

Rod L. Betit - Executive Director
Department of Health
Box 143102
Salt Lake City, UT 84114-3102

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 29, 2001

18. DATE APPROVED:

06 06 01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01 01 01

20. SIGNATURE OF REGIONAL OFFICIAL:

Paul R. Long MD

21. TYPED NAME:

Paul R. Long MD

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: March 20, 2001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: UTAH
ELIGIBILITY CONDITIONS AND REQUIREMENTS

ELIGIBILITY UNDER SECTION 1931 OF THE ACT (Cont.)

- X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

The State shall disregard \$1.00, plus the amount equal to the difference between the BMS for the household size and the corresponding State AFDC payment standard for a household the size of the Medicaid budget unit involved.

When determining net profit from self-employment, the State shall exclude 40 percent of the gross self-employment income for business expenses.

If the self-employed individual chooses to verify actual business expenses greater than 40 percent of the gross self-employment income, the State shall determine the net profit from self-employment by deducting any actual business expenses that would be allowed by the Internal Revenue Service from the gross self-employment income.

If the total gross earned income of the specified relative does not exceed 185% of the Federal poverty level for the household size in the month the household loses eligibility due to earnings, the State will disregard the earned income of the specified relative for six months. In the seventh month after the household would have initially lost eligibility due to earnings, if the total gross earned income of the specified relative does not exceed 185% of the Federal poverty level for the household size, the State will disregard the earned income of the specified relative for an additional six months.

The State shall disregard the equity value of one vehicle that meets the definition of a "passenger vehicle" as defined in UCA 26-18-2(6) or the State shall disregard \$1500 or the equity value of any one vehicle whichever provides the greatest disregard for the household.

T.N. No. 01-005
Supersedes
T.N. No. NEW

Approval Date 06/06/2001

Effective Date 01/01/01

3:43 P 15 MAY 15 2001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

ELIGIBILITY UNDER SECTION 1931 OF THE ACT (Cont.)

- X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

~~The State shall disregard \$1.00, plus the amount equal to the difference between the State's TANF payment standard for a family the size of the TANF budget unit involved and the corresponding State AFDC payment standard for a family the size of the Medicaid budget unit involved.~~

The State shall apply a \$1,000 resource limit with an additional \$1,000 of resources disregarded for a household size of one. For a household size of two, \$2,000 in additional resources will be disregarded. For a household larger than two persons, \$2,000 plus \$25 in additional resources for each person in excess of two persons will be disregarded.

- _____ The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

- X The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

These waivers will apply only to TANF cash assistance and diversion payment recipients. They will be continued only for so long as eligibility for TANF cash assistance and diversion assistance is established in the same manner as eligibility for AFDC was established under the welfare reform demonstration project for which these waivers were originally approved.

See item #1 on the following pages.

TN No. 01-005
Supersedes
TN No. 98-008

Approval Date 06/06/2001

Effective Date 01/01/01